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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Dock t Numb r	66638/41979
		First Named Inv ntor	Roach, et al.
		COMPLETE IF KNOWN	
		Application Number	To be assigned
		Filing Date	Herewith
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)		Group Art Unit	To be assigned
		Examiner Name	To be assigned

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

System and Method of Command Signal Conditioning in High Response Systems

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Application Number(s)	Country	Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:


(Page 1 of 2)

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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☐Customer Number
or Bar Code LabelOR ☒ Correspondence address below**Name** Caroline G. Chicoine**Address** Thompson Coburn LLP, One US Bank Plaza**City** St. Louis **State** MO **ZIP** 63101**Country** USA **Telephone** 314-552-6499 **Fax** 314-552-7499

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : ☐ A petition has been filed for this unsigned inventor**Given Name**
(first and middle (if any)) Jeffrey M.**Family Name**
or Surname Roach**Inv nt r's**
Signature**Date** 12/19/03**R sidence: City** St. Charles **State** MO **Country** U.S. **Citizenship** U.S.**Mailing Address** 90 Green Number 9 Drive**City** St. Charles **State** MO **ZIP** 63303 **Country** U.S.**NAME OF SECOND INVENTOR :** ☐ A petition has been filed for this unsigned inventor**Given Name**
(first and middle (if any)) Steven H.**Family Name**
or Surname Degroote**Inventor's**
Signature**Date** 19 DEC 03**Resid nce: City** Creve Coeur **State** MO **Country** U.S. **Citizenship** U.S.**Mailing Address** 12512 Robinview Court**City** Creve Coeur **Stat** MO **ZIP** 63141 **Country** U.S.☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → 

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035
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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	To be assigned
Filing Date	Herewith
First Named Inventor	Roach, et al.
Title	System and Method of Command Signal Conditioning in High Response Systems
Group Art Unit	To be assigned
Examiner Name	To be assigned
Attorney Docket Number	66638/41979

I hereby appoint:

Practitioners at Customer Number

021888

OR



Practitioner(s) named below:




Name	Registration Number
Caroline G. Chicoine	38198
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John R. Rafter	28533

Jeanne Suchodolski	34936
Robert H. Sproule	30689
James Hamley	28081
Nicholas T. Bauz	41604

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number
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Practitioners at Customer Number 021888 →


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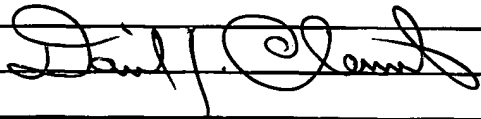
<input checked="" type="checkbox"/> Firm or Individual Name	Caroline G. Chicoine		
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	
Signature	
Date	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.